



## BOARD OF HEALTH

34 Broadway  
Rockport, MA 01966  
(978) 546-3701

### Semi-Public SPECIAL PURPOSE POOL PLAN REVIEW (105 CMR 435.000) (Initial Application)

Name of Facility \_\_\_\_\_ Address \_\_\_\_\_

New ( ) Remodeled ( ) Owner \_\_\_\_\_

Construction Start Date \_\_\_\_\_ Home Address \_\_\_\_\_

Pool Opening Date \_\_\_\_\_

Plans submitted under stamp and signature of Mass. Reg. Professional Engineer Yes ( ) No ( )

Type of Pool \_\_\_\_\_

Width of Pool \_\_\_\_\_ (ft) x Length of Pool \_\_\_\_\_ (ft) = Area of Pool \_\_\_\_\_ (sq.ft.)

Area of Pool \_\_\_\_\_ (sq.ft.) x Avg. Depth of Pool \_\_\_\_\_ (ft) = Vol. of Pool (cu.ft.)

Vol. of Pool \_\_\_\_\_ (cu.ft.) x 7.48 = Vol. of Pool \_\_\_\_\_ (gal.) Source of Water \_\_\_\_\_

**435.03** Hose connections provided for flushing down bathhouses, dressing rooms and pool decks.

Yes ( ) No ( )

Adequate storage space provided for janitorial and pool equipment. Yes ( ) No ( )

Adequate lighting provided in all parts of bathhouse, dressing rooms, toilets and pool room(s).

Yes ( ) No ( )

Adequate ventilation provided for room(s) housing indoor swimming pools, bathhouses, dressing rooms, shower rooms, and toilet. Yes ( ) No ( )

Acoustical properties of rooms housing indoor swimming pools designed with materials to reduce reverberation of sound. Yes ( ) No ( )

Adequate enclosure provided to prevent animals and unauthorized persons from entering pool area (a six (6) foot high fence in accordance with MGL c.140 s. 206). Yes ( ) No ( )

Sanitary drinking water facilities provided. Yes ( ) No ( )

**435.05** No projections except ladders and grab rails permitted from any pool wall or floor surface.

Yes ( ) No ( )

The finish of pool walls and floors shall be of light color. Yes ( ) No ( )

The finish of pool walls and floors shall be smooth and free of cracks. Yes ( ) No ( )

The designing registered architect or professional engineer has certified to the structural integrity and safety of the pool. Yes ( ) No ( )

The pool shall conform with appropriate state and local building, health, plumbing, and electrical codes.

Yes ( ) No ( )

**435.06** Design Turnover Rate \_\_\_\_\_(GPM)      Actual Turnover Rate \_\_\_\_\_(GPM)

Minimum Turnover Rate: Once every 1/2 hour (0.03 pool turnovers/minute)

**435.06** All equipment and parts (filters, valves, pumps, meters, etc.) shall be labeled and be easily accessible for operation and maintenance purposes. Yes ( ) No ( )

The equipment of the recirculation and purification system shall include:

- A. Filtration system Yes ( ) No ( )
- B. Recirculation pumps Yes ( ) No ( )
- C. Hair and lint strainers Yes ( ) No ( )
- D. Automatic, electronic chemical feeder Yes ( ) No ( )
- E. Provision for bactericidal treatment Yes ( ) No ( )
- F. Flowmeter (after filter effluent) Yes ( ) No ( )
- G. Balancing or float-control tank or above-rim fill spout Yes ( ) No ( )
- H. Provisions to avoid cross contamination of potable water supply (435.09) Yes ( ) No ( )
- H. Test kit (s) will be available to meet the requirements of 105 CMR 435.29 and must be capable of distinguishing free residual chlorine and combined chlorine Yes ( ) No ( )
- I. Unbreakable Thermometer ( $\pm 1^{\circ}\text{F}$ ) Yes ( ) No ( )
- J. All other equipment necessary to make the particular treatment process complete and efficiently operable Yes ( ) No ( )

Automatic chlorinators provided and shall have a feed rate of at least three (3) pounds of chlorine per 10,000 gallons per 24 hours for outdoor pools and at least one (1) pound of chlorine per 15,000 gallons per 24 hours for all indoor pools. Yes ( ) No ( )

Automatic chlorinators shall be equipped with a calibrated controlling device capable of being finely adjusted to the required feed rates. Yes ( ) No ( )

Where bromine is used as a disinfectant, the equipment must provide for feeding on a continuous basis. Yes ( ) No ( ).

Will Carbon Dioxide be used for pH control? Yes ( ) No ( ).      If yes, refer to 435.06(7)

**435.06** Type of Filtration System \_\_\_\_\_

Number of Filters, Size of each, etc. \_\_\_\_\_

Total Square Footage of Filter Surface Area \_\_\_\_\_

- A. Pressure or gravity sand -Maximum 3 gallons per minute per square foot of filter surface area
- B. High Rate Sand – Max. 15 gal. per min. per sq. ft. of filter surface area
- C. Diatomaceous Earth (without continuous body feed) – Max. 1.5 gal. per min. per sq. ft.
- D. Diatomaceous Earth (with continuous body feed) – Max. 2 gal. per min. per sq. ft.
- E. Cartridge – Max. 0.375 gal. per min. per sq. ft. of filter surface area

To facilitate cleaning, a complete set of replacement filters will be available at all times. Yes ( ) No ( )

**435.07** Construction material, including piping, shall be non-toxic, resistant to corrosion and stress. Yes ( ) No ( )

It is recommended that provisions be made to permit for complete dewatering of all piping and equipment. Yes ( ) No ( )

**435.08** How many submerged inlets for uniform circulation \_\_\_\_\_

Minimum of two (2) inlets per 600 sq ft., or fraction there of. Yes ( ) No ( )

Spacing of return inlets shall not be greater than 20 feet on center. Yes ( ) No ( )

Maximum velocity of inlets: 15 ft./sec. Yes ( ) No ( )

Inlets are individually adjustable. Yes ( ) No ( )

Inlets are located so as to help bring floating particles within range of skimmers. Yes ( ) No ( )

Does the pool have an over the rim fill spout located not to create a hazard? Yes ( ) No ( )

**435.08** Main Drain Suction Outlet provided at deepest point of pool. Yes ( ) No ( )

Outlets are anti-vortex in design or outlet opening with non-removable grate four (4) times the area of the discharge pipe. A nationally recognized testing laboratory shall have tested protective covers or grates. Yes ( ) No ( )

Total velocity through grate openings shall not exceed 2 feet per second. Yes ( ) No ( )

*Outlet piping design capacity equal to the recirculation pump capacity Yes ( ) No ( ) Size \_\_\_\_\_ Velocity \_\_\_\_\_*

Outlet covers, except for skimmers, can be removed only with the use of tools. Yes ( ) No ( )

Open areas of the outlet grates shall be designed to prevent physical entrapment of fingers, toes, etc. Yes ( ) No ( )

Anti vortex drain shall not provide a tripping or stubbing hazard to the feet. Yes ( ) No ( )

**435.08** Emergency Shut Off Pump Switch: accessible, prominently marked, in plain sight. Yes ( ) No ( )

**435.10** Skimmers or overflow system capable of recirculating 50% of the pool water from the top surface of the pool? Yes ( ) No ( ) Type of system \_\_\_\_\_

Surface skimmers: At least one for each 500 sq.ft., or major portion thereof, of pool surface area. Yes ( ) No ( )

When surface skimmers are used as the sole overflow system, one surface skimmer should be provided for every 100 sq ft of surface area. Yes ( ) No ( )

Surface skimmers shall be:

- A. Automatically adjustable to variations in water level over a range of at least 3 inches. Yes ( ) No ( )
- B. Designed with a weir length which permits a flow of not less than 20 gallons/minute/lineal foot of weir. Yes ( ) No ( )
- C. Provided with an easily removable and cleanable basket or screen through which all overflow water must pass to trap solids. Yes ( ) No ( )
- D. Equipped with a throttling device for balancing purposes. Yes ( ) No ( )

E. Designed with a flow through rate of at least 30 gallons per minute each. Yes ( ) No ( ) The total design capacity of all the skimmers shall be approx. 50% of the required filter flow of the recirculation system. Yes ( ) No ( )

F. Made of substantial, durable, and corrosion resistant material. Yes ( ) No ( )

**435.11** Maximum water depth shall be four (4) feet. Yes ( ) No ( )

Maximum water depth of any seat or bench shall be two (2) feet. Yes ( ) No ( )

**435.12** Ledges, step edges, and boundary line between shallow and deep areas shall be marked with a four-inch stripe of contrasting color. Yes ( ) No ( )

**435.13** Walkways shall be constructed of slip resistant, non-abrasive materials continuous around the pool with a minimum width of four (4) feet. Yes ( ) No ( )

All walkways shall have a min. slope of  $\frac{1}{4}$  inch per foot away from pool and toward adequate drains. Yes ( ) No ( ) Such drains shall be approved by the Board of Health, Wastewater Treatment Plant, and Plumbing Inspector. Yes ( ) No ( )

**435.14** There shall be a minimum of one (1) handrail or ladder equivalent or there shall be a deck designed for safe entry or exit. Yes ( ) No ( )

**435.17** Pool Supervisor is a Certified Pool Operator. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ CPO Certificate Number: \_\_\_\_\_

A copy of CPO Certificate shall be provided to the Board of Health. Yes ( ) No ( )

The Pool Supervisor will be responsible for all phases of the pool operation, provide training to on-site pool personnel, make minimum weekly inspections, and write his/her findings in the pool records kept on site as per 105 CMR 435.17. Yes ( ) No ( )

**435.21** The Pool Operator shall post the permit from the Board of Health in a conspicuous location near the pool. Yes ( ) No ( )

The Pool Operator shall maintain a current written record of all data pertaining to the operation and condition of the pool and shall be available for inspection by the Board of Health at all reasonable times. The records shall be kept on a log approved by the Board of Health and the person taking the action noted shall initial each entry, e.g. test results, the addition of chemicals, or the reporting of an accident. Yes ( ) No ( )

**435.22** Signs shall be provided as per 105 CMR 435.22 and be approved by the Board of Health. Yes ( ) No ( )

A clock shall be provided which is permanently mounted, has a large dial, and is easily readable by bathers at the pool. Yes ( ) No ( )

**435.25** A First Aid Kit must be available at the pool. Contents of kit as per 105 CMR 435.25 Yes ( ) No ( )

An emergency communication system (telephone and emergency phone numbers) shall be available as per 105 CMR 435.25 Yes ( ) No ( )

**435.26** Pool waste and backwash water properly disposed of. Yes ( ) No ( ) The system for disposing of pool waste shall be approved by the Board of Health, Wastewater Treatment Plant, and Plumbing Inspector. Yes ( ) No ( )

**435.27** Surface Area \_\_\_\_\_ sq.ft. ÷ 10 sq.ft. per person = Maximum Bather Load \_\_\_\_\_

**435.32** The Pool shall have continuous (24 hrs/day, 7 days/week) recirculation of the water through the filtration system. Yes ( ) No ( )

The pool shall be drained and cleaned a minimum of once every 14 days. Yes ( ) No ( )

**435.33** A thermostatic control for water temperature shall be provided for special purpose pools and only accessible to the pool operator. Yes ( ) No ( )

Maximum temperature shall be 104°F. Yes ( ) No ( )

**STATEMENT: I certify that the above information is correct and understand that if any changes are made in the above information without permission from the Board of Health may nullify this approval.**

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Owner Print: \_\_\_\_\_

Certified Pool Operator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Certified Pool Operator Print: \_\_\_\_\_

**Review of Plan & Application and Inspection of the Pool by:**

Building Inspector Signature: \_\_\_\_\_ Date \_\_\_\_\_

Building Inspector Print: \_\_\_\_\_

Plumbing Inspector Signature: \_\_\_\_\_ Date \_\_\_\_\_

Plumbing Inspector Print: \_\_\_\_\_

Electrical Inspector Signature: \_\_\_\_\_ Date \_\_\_\_\_

Electrical Inspector Print: \_\_\_\_\_

Health Inspector Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Inspector Print: \_\_\_\_\_